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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name				
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Paul First name J Middle name Salamone Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years Include your married or maiden names.				
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2930			

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Debtor 1 Paul J Salamone Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	11031 S. Lyman	If Debtor 2 lives at a different address:		
		Chicago Ridge, IL 60415 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Case 19-12916 Doc 1 Filed 05/03/19 Entered 05/03/19 14:22:40 Desc Main Page 3 of 56 Document Debtor 1 Paul J Salamone Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

No.

Go to line 12.

Debtor

District

☐ Yes.

Has your landlord obtained an eviction judgment against you?

When

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

Relationship to you

Case number, if known

this bankruptcy petition.

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Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Paul J Salamone

Debtor 1

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Debtor 1 Paul J Salamone Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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DCD	raul J Salamone							
Par	6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consumer debts or bu	usiness debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	ter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	\$ 100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio				
20.	How much do you estimate your liabilities to be?	= \$100,	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio				
Part	:7: Sign Below							
For	you	I have ex	amined this petition, and I d	leclare under penalty of perjury that the	information provided is true and correct.			
					igible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.			
		documer	t, I have obtained and read	the notice required by 11 U.S.C. § 342(,			
		•		e chapter of title 11, United States Code				
		bankrupt and 357	cy case can result in fines u		oney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
		Paul J	Salamone e of Debtor 1	Signature of I	Debtor 2			
		Executed	May 3, 2019 MM / DD / YYYY	Executed on	MM / DD / YYYY			
			IVIIVI / DD / TTTT		וווו / טט / וווו			

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Debtor 1 Paul J Salamone Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David P. Lloyd	Date	May 3, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
David P. Lloyd Printed name		
David P. Lloyd, Ltd. Firm name		
615B S. LaGrange Rd. La Grange, IL 60525		
Number, Street, City, State & ZIP Code		
Contact phone 708-937-1264	Email address	info@davidlloydlaw.com
6183542 IL		
Bar number & State		

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Fill in this infor	mation to identify your	case:		
Debtor 1	Paul J Salamone			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 154.000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 16.450.00 1c. Copy line 63, Total of all property on Schedule A/B..... 170,450.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 170.784.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 2,996.79 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 32,060.36 Your total liabilities \$ 205.841.15 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 3,441.14 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 3,404.60 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

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Debtor 1 Paul J Salamone Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

\$______4,640.10

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	nim
From Fact For Concurred 27, Copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,996.79
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,996.79

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				Doc	ument	Page 10 of 56	j		
Fill i	n this inform	ation to identify	your case and the	nis filing	g:				
Debt	or 1	Paul J Salan	none						
	_	First Name	Middl	e Name		Last Name		-	
Debt (Spous	or 2 se, if filing)	First Name	Middl	e Name		Last Name		-	
Unite	ed States Ban	kruptcy Court for	the: NORTHER	RN DIST	RICT OF ILLI	NOIS			
		. ,						-	_
Case	number					_			☐ Check if this is an amended filing
Off	icial For	m 106A/E	3						
Sc	hedule	e A/B: Pi	roperty						12/15
			<u> </u>	an asset	only once. If	an asset fits in more tha	an one categor	y, list the asset in	the category where you
	er every quest	ion.	·			e top of any additional wn or Have an Interest I		our name and case	Trumber (ii known).
1. Do	you own or ha	ave any legal or eq	uitable interest in a	any resid	ence, building	, land, or similar proper	ty?		
	No. Go to Part	2.							
	Yes. Where is	the property?							
_	5330 Arboi Street address, if	r Lane available, or other des	scription	What	Single-family Duplex or mu	y? Check all that apply home Iti-unit building n or cooperative	the an	nount of any secure	nims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
	0 1		00440 4000			l or mobile home		nt value of the	Current value of the
-	Crestwood	I IL State	60418-1208 ZIP Code		Land Investment pi	roperty	entire	property? \$154,000.00	portion you own? \$154,000.00
	Oity	Otate	Zii Code		Timeshare	орену	Decer	<u> </u>	
					Other		(such	as fee simple, ten	our ownership interest ancy by the entireties, or
				Who	has an interes Debtor 1 only	t in the property? Check	one a life o	estate), if known.	
	Cook			_					
-	County				Debtor 1 and				
					At least one of	of the debtors and anothe		heck if this is com see instructions)	munity property
					r information y erty identificat	ou wish to add about thion number:	nis item, such	as local	
2. A	Add the dolla pages you ha	er value of the po eve attached for	ortion you own fo Part 1. Write that	or all of y	your entries r here	from Part 1, includin	g any entries	s for =>	\$154,000.00
Part 2	2: Describe Y	our Vehicles							

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debt	or 1 P	aul J Salamone		Case number (if known)	
3. C a	rs, vans,	trucks, tractors, sp	ort utility vehicles, motorcycles		
	No				
	Yes				
	103				
3.1	Make:	Chevrolet	Who has an interest in the property? Check one		ed claims or exemptions. Put
	Model:	Trax	Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	2015	Debtor 2 only	Current value of th	
	Approxir	nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:	At least one of the debtors and another		
				\$9,500.0	9,500.00
			Check if this is community property (see instructions)	Ψ3,300.	ψ3,300.00
3.2	Make:	Chevorlet	Who has an interest in the property? Check one	Do not deduct secur	ed claims or exemptions. Put
3.2		Impala			ecured claims on Schedule D: Claims Secured by Property.
	Model: Year:	2010			
		nate mileage:	Debtor 1 and Debtor 2 only	Current value of th entire property?	e Current value of the portion you own?
		ormation:	☐ At least one of the debtors and another		F,
				44 000	
			Check if this is community property (see instructions)	\$1,900.0	90 \$1,900.00
Part : Do y	Descri ou own o	be Your Personal and or have any legal or or goods and furnishing Major appliances, furn	equitable interest in any of the following items?		\$11,400.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
			sehold goods and ordinary furniture		\$2,000.00
		lious	Series a good and ordinary furniture		Ψ2,000.00
E:		Televisions and radio including cell phones scribe	es; audio, video, stereo, and digital equipment; computers, print , cameras, media players, games puters, phones, TVs, etc.	ers, scanners; music col	lections; electronic devices
E.	xamples:	other collections, me	s; paintings, prints, or other artwork; books, pictures, or other a morabilia, collectibles	rt objects; stamp, coin, c	or baseball card collections;

Case 19-12916 Doc 1 Filed 05/03/19 Entered 05/03/19 14:22:40 Desc Main Page 12 of 56 Document Debtor 1 Case number (if known) **Paul J Salamone** 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ■ No ☐ Yes. Describe..... Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,200.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **CIBC Bank** \$1,750.00 **Joint Checking** 17.1.

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No

☐ Yes...... Institution or issuer name:

17.2. Checking

Fifth Third Bank

\$100.00

Entered 05/03/19 14:22:40 Case 19-12916 Doc 1 Filed 05/03/19 Desc Main Page 13 of 56 Document Case number (if known) Debtor 1 Paul J Salamone 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Official Form 106A/B Schedule A/B: Property page 4

Federal

2018

\$1,000.00

Document Page 14 of 56 Case number (if known) Debtor 1 **Paul J Salamone** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Surrender or refund Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2,850.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

Official Form 106A/B Schedule A/B: Property page 5

☐ Yes. Give specific information.......

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Debtor 1 Case number (if known) **Paul J Salamone** 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$154,000.00 56. Part 2: Total vehicles, line 5 \$11,400.00 Part 3: Total personal and household items, line 15 57. \$2,200.00 Part 4: Total financial assets, line 36 58. \$2,850.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$16,450.00 Copy personal property total \$16,450.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$170,450.00

Official Form 106A/B Schedule A/B: Property page 6

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case:		
Middle Name	Last Name	
Middle Name	Last Name	
NORTHERN DISTRICT	FOF ILLINOIS	
		☐ Check if this is an amended filing
	Middle Name	Middle Name Last Name

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$1,900.00		\$2,400.00	735 ILCS 5/12-1001(c)
		100% of fair market value, up to any applicable statutory limit	
\$2,000.00		\$1,500.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$200.00		\$200.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$1,750.00		\$1,700.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$100.00		\$100.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
	\$2,000.00 \$1,750.00	\$2,000.00 \$1,750.00 \$1,000.00 \$1,000.00 \$1,000.00	Copy the value from Schedule A/B \$1,900.00 \$1,900.00 \$2,400.00 \$1,00% of fair market value, up to any applicable statutory limit \$2,000.00 \$1,00% of fair market value, up to any applicable statutory limit \$200.00 \$1,00% of fair market value, up to any applicable statutory limit \$1,00% of fair market value, up to any applicable statutory limit \$1,750.00 \$1,700.00 \$1,700.00 \$1,00% of fair market value, up to any applicable statutory limit \$1,00% of fair market value, up to any applicable statutory limit

Entered 05/03/19 14:22:40 Document Page 17 of 56 Debtor 1 Paul J Salamone Case number (if known) Brief description of the property and line on Schedule A/B that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B Federal: 2018 735 ILCS 5/12-1001(b) \$1,000.00 \$500.00 Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit t.)

3.	-	claiming a homestead exemption of more than \$170,350? To adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment
	No	
	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No
		Yes

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	Document	Page 18 (01 50			
Fill in this information to identify	your case:					
Debtor 1 Paul J Salan	none					
First Name	Middle Name	Last Name		-		
Debtor 2						
(Spouse if, filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for	the: NORTHERN DISTRICT OF	- ILLINOIS				
				-		
Case number				□ Chook	if this is an	
(ii diowi)					led filing	
				unione	ica ming	
Official Form 106D						
Schedule D: Credito	ors Who Have Claim	s Secured	hy Propert	V	12/15	
Scriedule D. Credito	ors willo riave claim	13 Secureu	by Fropert	<u>y</u>	12/13	
Be as complete and accurate as possi						
is needed, copy the Additional Page, f number (if known).	ill it out, number the entries, and attac	in it to this form. On	the top of any additio	nai pages, write your na	me and case	
1. Do any creditors have claims secure	ed by your property?					
	mit this form to the court with your o	ther schedules. You	u have nothing else t	o report on this form		
_		ther sorreddies. Tee	a nave nothing clock	o report on the form.		
Yes. Fill in all of the information	tion below.					
Part 1: List All Secured Claims	S		O-1 A	Oakses D	0-h0	
	has more than one secured claim, list the		Column A	Column B	Column C	
	r has a particular claim, list the other cre- abetical order according to the creditor's		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion	
	•		value of collateral.	claim	if any	
2.1 Ally Financial Creditor's Name	Describe the property that secu	res the claim:	\$13,428.00	\$9,500.00	\$3,928.00	
Creditor's Name	2015 Chevrolet Trax					
Attn: Bankruptcy Dept.						
P.O. Box 380901	As of the date you file, the claim	n is: Check all that				
Bloomington, MN 55438	apply. Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated					
	☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that ap	ply.				
Debtor 1 only	An agreement you made (such	n as mortgage or secu	red			
Debtor 2 only	car loan)					
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien	, mechanic's lien)				
\square At least one of the debtors and anoth	ner					
☐ Check if this claim relates to a	Other (including a right to offse	et)				
community debt						
Date debt was incurred	Last 4 digits of account r	number 1246				
2.2 Fith Third Bank	Describe the property that secu	ires the claim:	\$157,356.00	\$154,000.00	\$3,356.00	
Creditor's Name	5330 Arbor Lane Crestwe	ood, IL	<u> </u>			
Bankruptcy Dept.	60418-1208 Cook Count					
Maildrop RSCB3E	As of the date you file, the clain	n is: Check all that				
1830 E. Paris Av. SE	apply.	113. Officer all trial				
Grand Rapids, MI 49546	Contingent					
Number, Street, City, State & Zip Code	Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that ap	inly				
_	_		and			
Debtor 1 only	 An agreement you made (such car loan) 	i as mortgage or secu	rea			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		mechanic's lien)				
☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit						
Check if this claim relates to a	Other (including a right to offse	et)				
community debt						
Date debt was inscreed	Look Authority of any con-	bor 2040				
Date debt was incurred	Last 4 digits of account r	number <u>2946</u>				

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Debtor 1	Paul J Salamone			Case number (if known)	
	First Name	Middle Name	Last Name		

Add the dollar value of your entries in Column A on this page. Write that number here: \$170,784.00
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$170,784.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Documer	nt Page	20 of 5	06	-		
Fi	ll in this inforn	nation to identify your	case:						
De	ebtor 1	Paul J Salamone							
- '		First Name	Middle Name	Last Name)				
	ebtor 2	First Name	Middle Name	Loot Nom					
(St	oouse if, filing)	First Name	Middle Name	Last Name	•				
Ur	nited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS					
Ca	ase number								
	known)							Check	f this is an
								amend	ed filing
\bigcirc	fficial Form	n 106E/E							
			ho Have Unsecu	red Claim	2				12/15
			e Part 1 for creditors with Pl			or creditors with NON	IPRIORITY o	laims Lie	
any	executory cont	racts or unexpired leases	that could result in a claim.	Also list executo	ry contract	s on Schedule A/B: I	Property (Of	ficial Forr	n 106A/B) and on
			ired Leases (Official Form 10						
			ured by Property. If more spa e. If you have no information						
	ne and case nun		,		,		, , , , ,		, , , , , , , , , , , , , , , , , , , ,
Pa	art 1: List Al	II of Your PRIORITY Un	secured Claims						
1.		ors have priority unsecure	d claims against you?						
	☐ No. Go to P	Part 2.							
	Yes.								
2.			s. If a creditor has more than o						
			s both priority and nonpriority r according to the creditor's na						
			rticular claim, list the other cre		0.0	o priority andocaroa o	ao, out		aanon rago o
	(For an explana	ation of each type of claim, s	ee the instructions for this forr	n in the instruction	booklet.)				
						Total claim	Priority amount		Nonpriority amount
2.1	Cook Co	ounty Treasurer	Last 4 digits of	account number	0000	\$2,996.79		\$0.00	\$2,996.79
	,	editor's Name				_			
		: 805436 o, IL 60680-4116	When was the o	debt incurred?	3/1/19		_		
		treet City State Zip Code	As of the date y	ou file, the claim	is: Check a	II that apply			
	Who incurred	d the debt? Check one.	☐ Contingent						
	Debtor 1 o	only	☐ Unliquidated						
	Debtor 2 o	only	☐ Disputed						
	_	and Debtor 2 only		TY unsecured cla	im:				
	_	ne of the debtors and anothe	Domestic sup	oport obligations					
	_	his claim is for a commur	_	ertain other debts v	ou owe the	government			
		subject to offset?				u were intoxicated			
	■ No	,	☐ Other. Specif		, ,				
	☐ Yes		— Guion opeon	Property to	ixes				
_									
Pa		II of Your NONPRIORIT							
3.		ors have nonpriority unsec							
	☐ No. You hav	ve nothing to report in this pa	art. Submit this form to the cou	ırt with your other	schedules.				
	Yes.								
4.	List all of your	r nonpriority unsecured cla	aims in the alphabetical orde	er of the creditor	who holds	each claim. If a credit	or has more	than one i	nonpriority
	unsecured clair	m, list the creditor separately	of for each claim. For each clair st the other creditors in Part 3.	m listed, identify wh	at type of c	laim it is. Do not list cl	aims already	included i	n Part 1. If more

Total claim

Part 2.

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Debt	or 1 Paul J Salamone		Case number (if known)			
4.1	Advocate Christ Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	8818	\$1,045.00		
	PO Box 4256	When was the debt incurred?	11/10/18			
	Carol Stream, IL 60197-4256					
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Medical se	rvices			
4.2	Advocate Medical Group	Last 4 digits of account number	4952	\$558.00		
	Nonpriority Creditor's Name 29368 Network Place Chicago, IL 60673	When was the debt incurred?	01/06/19			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	<u> </u>	☐ Student loans				
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	and the complete of divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Medical se				
4.3	Poot Dividobno	Lock 4 dissite of account number	0759	\$535.00		
4.5	Best Buy/cbna Nonpriority Creditor's Name	Last 4 digits of account number	<u></u>	\$555.00		
	.,.,	When was the debt incurred?	Opened 11/10 Last Active 1/02/19			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.		or officer an anatappry			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
		<u> </u>				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
	☐ At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	and a specific fit of divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	□Yes	■ Other Specify Charge Ac	count			

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Debtor 1 Paul J Salamone Case number (if known) 4.4 \$1,223.00 Capital One Last 4 digits of account number 9145 Nonpriority Creditor's Name Attn: Bankruptcy Opened 06/01 Last Active Po Box 30285 When was the debt incurred? 1/02/19 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.5 Capital One / Menard Last 4 digits of account number 3886 \$437.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 05/17 Last Active Po Box 30285 When was the debt incurred? 1/02/19 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.6 Citibank/Shell Oil \$18.00 Last 4 digits of account number 1240 Nonpriority Creditor's Name Centralized Bankruptcy Opened 01/97 Last Active Po Box 790034 When was the debt incurred? 2/15/19 St Louis, MO 63179 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Paul J Salamone Case number (if known) 4.7 \$712.19 **Clarity Clinic** Last 4 digits of account number 2713 Nonpriority Creditor's Name 2101 S Arlington Heights Rd., Suite When was the debt incurred? 10/24/18 Arlington Heights, IL 60005-4142 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical services ☐ Yes 4.8 ComEd Last 4 digits of account number 7039 \$122.36 Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? 12/28/18 Carol Stream, IL 60197-6111 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Open acocunt Other. Specify 4.9 **Emergency Medical Assoc. of Palos** Last 4 digits of account number 3403 \$198.29 Nonpriority Creditor's Name c/o Merchants Credit Guide Co. When was the debt incurred? 1/25/19 223 W. Jackson Blvd., #700 Chicago, IL 60606 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical services ☐ Yes

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Paul J Salamone		Case number (if known)	
ER Medical Associates of Palos LTD	Last 4 digits of account number	2460	\$85.36
PO Box 5969	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Medical se	rvices	
ER Medical Associates of Palos			
LTD	Last 4 digits of account number	0774	\$112.93
PO Box 5969	When was the debt incurred?	6/17/18	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
		aration agreement or divorce that you did not	
<u> </u>		ng plans, and other similar debts	
□ Yes	, ,		
Fifth Third Bank	Last 4 digits of account number	0672	\$5,760.00
Attn: Bankruptcy 35 Fountain Square Plaza	When was the debt incurred?	Opened 11/16 Last Active 2/15/19	
·	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.		on one an unat apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only			
Debtor 1 and Debtor 2 only	<u> </u>		
☐ At least one of the debtors and another	•	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	■ Other. Specify Credit Card	1	
	ER Medical Associates of Palos LTD Nonpriority Creditor's Name PO Box 5969 Carol Stream, IL 60197-5969 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes ER Medical Associates of Palos LTD Nonpriority Creditor's Name PO Box 5969 Carol Stream, IL 60197-5969 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Fifth Third Bank Nonpriority Creditor's Name Attn: Bankruptcy 35 Fountain Square Plaza Cincinnati, OH 45263 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Cincinnati, OH 45263 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No	ER Medical Associates of Palos LTD Nonpriority Creditor's Name PO Box S969 Carol Stream, IL 60197-5969 Number Street City State Zip Code Who incurred the debt's Check one. Debtor 1 and Debtor 2 only Debtor 2 only Last 4 digits of account number Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Last 3 of the date you file, the claim Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Last 4 digits of account number Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 of NonPRIORITY unsecure Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name PO Box S969 Carol Stream, IL 60197-5969 Number Street City State Zip Code Who incurred the debt'? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name Attn: Bankruptcy S5 Fountain Square Plaza Cincinnati, OH 45263 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 the debt? Check one. Debtor 5 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 4 the debt? Check one. Debtor 5 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 the debt? Check one. Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Fired City State Zip Code Who incurred 8 only Fired City State Zip Code Who incurred 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Fired City State 7 only Debtor 9 only Policy Contingent Debtor 1 only Debtor 1 only Debtor 9 only Debtor 9 only Policy Contingent Debtor 1 only Debtor 9 only Debtor 9 only Policy Contingent Deb	ER Medical Associates of Palos LTD Norpromyty Creditor's Name PO Box 5969 Number Street City State 2p Code Who incurred the debt/ Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Norpromyty Creditor's Name PO Box 5969 Carol Stream, IL 60197-5969 Number Street City State 2p Code Who incurred the debt/ Check one. Debtor 3 and 3

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Debtor 1 Paul J Salamone Case number (if known) 4.1 Gopal Madhav MD SC 3151 \$78.62 Last 4 digits of account number 3 Nonpriority Creditor's Name 3900 W 95th St., Ste. 6 When was the debt incurred? 9/28/18 Evergreen Park, IL 60805-1901 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical services ☐ Yes 4.1 Kristin Salamone Unknown Last 4 digits of account number Nonpriority Creditor's Name c/o Jim Podgorny When was the debt incurred? 7000 W 127th St. Palos Heights, IL 60463 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Money loaned ☐ Yes 4.1 **Mariner Finance** 4815 \$1,227.00 5 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/18 Last Active 7682 Belair Rd When was the debt incurred? 6/22/18 Baltimore, MD 21236 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Secured ☐ Yes

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Debtor 1 Paul J Salamone Case number (if known) 4.1 **Palos Community Hospital** 3536 \$2,290.47 Last 4 digits of account number 6 Nonpriority Creditor's Name c/o Harris & Harris When was the debt incurred? 04/11/18 111 W. Jackson Blvd. Chicago, IL 60604-4135 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical services 4.1 **Palos Hospital** 0761 \$397.01 Last 4 digits of account number Nonpriority Creditor's Name PO Box 83239 6/17/18 When was the debt incurred? Chicago, IL 60691-0239 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical services ☐ Yes 4.1 Personal Finance Company, LLC 1493 \$12,227.17 8 Last 4 digits of account number Nonpriority Creditor's Name c/o Faig Mihlar When was the debt incurred? 4/8/19 111 East Main St. Decatur, IL 62523 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Small claims summons ☐ Yes

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Case number (if known) Debtor 1 Paul J Salamone 4.1 Rogers & Hollands 1875 \$1,232.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Opened 8/19/16 Last Active Po Box 879 When was the debt incurred? 2/08/19 Matteson, IL 60443 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify Charge Account 4.2 Syncb/ccdstr 7343 \$167.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 06/17 Last Active Po Box 965060 When was the debt incurred? 1/29/19 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 Village of Chicago Ridge 5198 \$1,207.00 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 1368** When was the debt incurred? 11/17/18 Elmhurst, IL 60126 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Open account ☐ Yes

Official Form 106 E/F

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Debtor	Paul J Salamone		Case number (if known)	
4.2	Village of Crestwood	Lock 4 dimite of account number	9399	\$872.00
2	Nonpriority Creditor's Name	Last 4 digits of account number		φ012.00
	PO Box 1053	When was the debt incurred?	4/11/18	
	Mokena, IL 60448			
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Ambulance	bill	
4.2	Wells Fargo Jewelry Advantage	Last 4 digits of account number	5775	\$542.00
3	Nonpriority Creditor's Name	Last 4 digits of account number		ψ342.00
	Attn: Bankruptcy		Opened 09/17 Last Active	
	Po Box 10438	When was the debt incurred?	2/18/19	
	Des Moines, IA 50306			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	_			
	Debtor 1 only	Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Charge Acc	count	
4.2	Wow! Internet-Cable-Phone		7587	\$1,012.96
4	Nonpriority Creditor's Name	Last 4 digits of account number		\$1,012.90
	PO Box 4350	When was the debt incurred?	1/23/19	
	Carol Stream, IL 60197			
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify Open acco	unt	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Paul J Salamone Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	2,996.79
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,996.79
				7	otal Claim
Total	6f.	Student loans	6f.	\$	0.00
claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	32,060.36
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	32,060.36

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Fill in this infor	Fill in this information to identify your case:					
Debtor 1	Paul J Salamone					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_
	•				

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		Ducume	III Faye Si u	11 50	
Fill in this	information to identify your	case:			
Debtor 1	Paul J Salamone				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	, ,				
Case numb (if known)	per				☐ Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Cod	ehtors			12/15
ociica	ule II. Toul oou	CDIOIS			12/13
our name	and case number (if known) output ou). Answer every question		, 0	p of any Additional Pages, write
_ `	,	,	·		
■ No □ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana				ty states and territories include)
	Go to line 3.				
☐ Yes.	. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor lame, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street	0	710.0		
	City	State	ZIP Code		
3.2				☐ Schedule D, lir	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lir	
1	Number Street			_	
(City	State	ZIP Code		

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Fill	in this information to identify your o	ase:								
De	btor 1 Paul J Salar	none								
1 -	btor 2 ouse, if filing)				_					
Un	ited States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS							
	se number		_			Chec	k if this is	:		
(If k	nown)					1	n amende	Ū		
									ng postpetition ollowing date:	
0	fficial Form 106I					N	1M / DD/ \	YYYY		
S	chedule I: Your Inc	ome								12/15
atta	cuse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment Fill in your employment		onal pages, write yo				umber (if	known). A	Answer every	
	information.	Debtor 1						iling spouse		
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Employed ☐ Not employed			
	information about additional employers.	Occupation	☐ Not employed	ngor			_ 1101 0	mpioyou		
	Include part-time, seasonal, or self-employed work.	Employer's name	Assistant Mana Roundy's Illino							
	Occupation may include student or homemaker, if it applies.	Employer's address	1014 Vine St. Cincinnati, OH	45202						
		How long employed t	here? 6 years	5			_			
Pa	rt 2: Give Details About Mo	nthly Income								
	imate monthly income as of the dust unless you are separated.	ate you file this form. If	you have nothing to r	report for	any	line, write	9 \$0 in the	space. In	clude your no	n-filing
	ou or your non-filing spouse have m re space, attach a separate sheet to		ombine the informatio	on for all	empl	oyers for	that perso	on on the li	ines below. If	you need
						For Del	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4	,640.10	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	4,64	40.10	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Debtor 1		Paul J Salamone	-	(Case number (if known)								
					For	Debtor 1				Debtor -filing s			
	Cop	y line 4 here	4.		\$	4,64	0.10)	\$	9		N/A	
5.	List	all payroll deductions:											
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	1,18	0.30)	\$,	N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	_	\$			N/A	
	5c.	Voluntary contributions for retirement plans	5c	:.	\$		0.00	_	\$			N/A	
	5d.	Required repayments of retirement fund loans	5d	١.	\$_		0.00	0	\$			N/A	
	5e.	Insurance	5e	.	\$	1	8.66	6	\$		-	N/A	
	5f.	Domestic support obligations	5f.		\$		0.00)	\$			N/A	
	5g.	Union dues	5g		\$		0.00		\$			N/A	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$		0.00) -	+\$			N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,19	8.96	6_	\$			N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,44	1.14	4	\$!	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$		0.00	•	\$			NI/A	
	8b.	Interest and dividends	8b		\$ -		0.00 0.00		\$ 			N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$		0.00	_	\$			N/A	
	8d.	Unemployment compensation	8d	١.	\$		0.00	0	\$			N/A	
	8e.	Social Security	8e	.	\$	(0.00	0	\$			N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$ \$		0.00 0.00		\$ \$			N/A N/A	
	8h.	Other monthly income. Specify:	8h	1.+	\$		0.00) -	+ \$			N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	ı	0.00	0	\$		_	N/A	
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		3,441.14	1.	\$		N/A	= \$		3.441.14
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		J, 1.1 -]	Ψ_		IVA] _[`	_	3,771.17
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe			•				chedule 11.		i	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certailies								12.	\$		3,441.14
13	Do	you expect an increase or decrease within the year after you file this form	?									mbin nthly	ed income
		No. Yes Explain:											

Official Form 106l Schedule I: Your Income page 2

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Fill	in this information to identify	your case:					
Deb	otor 1 Paul J Sal	amone			Che	ck if this is:	
	otor 2 ouse, if filing)					An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ted States Bankruptcy Court for	the: NORTH	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
Cas	se number						
(If k	nown)						
0	fficial Form 106	J					
S	chedule J: You	r Exper	nses				12/15
info	as complete and accurate ormation. If more space is mber (if known). Answer e	needed, atta	ach another sheet to this	e filing together, b form. On the top of	oth are equ f any additi	ially responsible fo onal pages, write y	or supplying correct your name and case
	Describe Your Ho	usehold					
1.	Is this a joint case? ■ No. Go to line 2.						
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 li	ve in a separ	ate household?				
	□ No						
	☐ Yes. Debtor 2 r	nust file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do you have dependent	s? ■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						□ Yes □ No
							☐ Yes
							□ No
							☐ Yes
							□ No □ Yes
3.	Do your expenses inclu		l _{No}	-		_	— 103
	expenses of people other yourself and your deper		Yes				
Dos	<u> </u>		ly Evnance				
Est	Estimate Your On- timate your expenses as o penses as of a date after the plicable date.	f your bankr	uptcy filing date unless y				
the	lude expenses paid for wi value of such assistance ficial Form 106l.)	th non-cash and have in	government assistance in cluded it on Schedule I: Y	f you know our Income		Your exp	enses
-							
4.	The rental or home own payments and any rent fo		nses for your residence. In or lot.	nclude first mortgag	e 4. \$	\$	1,500.00
	If not included in line 4:						
	4a. Real estate taxes				4a. S	·	0.00
	4b. Property, homeown				4b. 3		0.00
	4c. Home maintenance4d. Homeowner's asso				4c. \$ 4d. \$		100.00 0.00
5.			our residence. such as ho	me equity loans	5.	·	0.00

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8. Child9. Cloth10. Person11. Media	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books	6a. \$	135.00 70.00 90.00 0.00 500.00 0.00 30.00 50.00 100.00
6a. 6b. 6c. 6d. 7. Food 8. Child 9. Cloth 10. Perso 11. Medi	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$	70.00 90.00 0.00 500.00 0.00 30.00 50.00
6c. 6d. 7. Food 8. Child 9. Cloth 10. Perso 11. Medi	Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	6c. \$6d. \$8. \$9. \$10. \$11. \$	70.00 90.00 0.00 500.00 0.00 30.00 50.00
6d. 7. Food 8. Child 9. Cloth 10. Perso 11. Medi	Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	6d. \$	90.00 0.00 500.00 0.00 30.00 50.00
 Food Child Cloth Person Media 	d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	7. \$ 8. \$ 9. \$ 10. \$	0.00 500.00 0.00 30.00 50.00
8. Child9. Cloth10. Person11. Media	dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	8. \$ 9. \$ 10. \$	500.00 0.00 30.00 50.00
8. Child9. Cloth10. Person11. Media	dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	9. \$ 10. \$ 11. \$	0.00 30.00 50.00
10. Perso	onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	9. \$	30.00 50.00
10. Perso	onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	11. \$	50.00
11. Medi	ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments.	· · · · · · · · · · · · · · · · · · ·	
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12. \$	
	ot include car payments.	12. \$	
Do no	rtainment, clubs, recreation, newspapers, magazines, and books		420.00
13. Ente i		13. \$	50.00
14. Char	ritable contributions and religious donations	14. \$	0.00
15. Insur	rance.		
	ot include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	0.00
15b.	Health insurance	15b. \$	0.00
15c.	Vehicle insurance	15c. \$	100.00
15d.	Other insurance. Specify:	15d. \$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20		
Spec	·	16. \$	0.00
	allment or lease payments:	•	
	Car payments for Vehicle 1	17a. \$	259.60
	Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report that you		0.00
	acted from your pay on line 5, Schedule I, Your Income (Official Form 1 payments you make to support others who do not live with you.	υδί). ^{10. ψ}	0.00
Spec		19.	0.00
	er real property expenses not included in lines 4 or 5 of this form or on		
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
		21. +\$	
21. Othe	er: Specily.	21. +5	0.00
22. Calcu	ulate your monthly expenses		
22a. /	Add lines 4 through 21.	\$	3,404.60
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10	6J-2 \$	
22c. /	Add line 22a and 22b. The result is your monthly expenses.	\$ 	3,404.60
	, , , ,	<u> </u>	<u> </u>
	ulate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,441.14
23b.	Copy your monthly expenses from line 22c above.	23b\$	3,404.60
23c.	Subtract your monthly expenses from your monthly income.	23c. \$	36.54
	The result is your <i>monthly net income</i> .	200. μ	33.3
24. Do ve	ou expect an increase or decrease in your expenses within the year at	ter you file this form?	
	xample, do you expect to finish paying for your car loan within the year or do you expe		ase or decrease because of a
	ication to the terms of your mortgage?		
■ No	0.		
□Y€			

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Fill in this inform	mation to identify you	ır case:			
Debtor 1	Paul J Salamon	e			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Form		an Individual	Debtor's Sc	hedules	12/15
If two married pe	eople are filing togeth	er, both are equally respor	sible for supplying corr	ect information.	
obtaining money		in connection with a bank			ent, concealing property, or or imprisonment for up to 20
Sign	n Below				
Did you pa	y or agree to pay son	neone who is NOT an attorr	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. N	Name of person				ptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	Ity of perjury, I declar e true and correct.	e that I have read the sumr	nary and schedules file	d with this declaration	and
X /s/ Pau	ıl J Salamone		Х		
	Salamone		Signature of	Debtor 2	

Date

Signature of Debtor 1

Date May 3, 2019

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Fill in this	information to identify you	case:			
Debtor 1	Paul J Salamone				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS		
Case numb	her				
(if known)				_	Check if this is an mended filing
Officia	l Form 107				
Statem	nent of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
number (if	known). Answer every ques Give Details About Your Ma	stion. rital Status and Where You		y additional pages, write yoັເ	ir name and case
1. What i	is your current marital statu	s?			
■ M	Married				
ПΝ	lot married				
2. During	g the last 3 years, have you	lived anywhere other than	where you live now?		
□ м	lo				
■ Y	es. List all of the places you l	ved in the last 3 years. Do no	ot include where you live now	I.	
Debto	or 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	Arbor Lane stwood, IL 60418	From-To: 2016-2018	☐ Same as Debtor	I	☐ Same as Debtor 1 From-To:
states and t ■ N □ Y		lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	ity property state or territory ico, Texas, Washington and W	
Fill in t	bu have any income from en the total amount of income yo are filing a joint case and you	u received from all jobs and a	all businesses, including part		ndar years?
□ N	lo				
■ Y	es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	uary 1 of current year until ou filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$18,585.75	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

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Paul J Salamone Case number (if known)

				Debtor 1					Debtor 2		
				Sources of Check all th		(befo	s income re deductions sions)	and	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		endar year: o December	31, 2018)	■ Wages, bonuses, tip	commissions,		\$57,00	0.00	☐ Wages, combonuses, tips	missions,	
				☐ Operatin	g a business				☐ Operating a	business	
		ndar year be o December		■ Wages, obonuses, tip	commissions,		\$57,00	0.00	☐ Wages, combonuses, tips	imissions,	
				☐ Operatin	g a business				☐ Operating a	business	
	■ No	n source and a	Ü	ome from each	n source separate	ely. Do ı	not include in	come tha	at you listed in lir	ne 4.	
				Debtor 1					Debtor 2		
				Sources of Describe be		each (before	s income fro source re deductions sions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	rt 3: Lis	st Certain Pa	vments You	Made Before	You Filed for E	Bankrun	otcv				
3.	Are eithe ☐ No.	Neither Deindividual	ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cr	personal, fan personal, fan pre you filed fo ceach creditor te editor. Do not	nily, or household or bankruptcy, dic co whom you paic	mer del d purpos d you pa d a total ts for do	bts. Consume se." by any credito of \$6,825* or mestic suppo	r a total of more in ort obliga	of \$6,825* or mo	re? vments and t	1(8) as "incurred by ar he total amount you and alimony. Also, do
	■ Yes	Debtor 1	or Debtor 2 o	r both have ¡	ind every 3 years primarily consulation primarily consulation primarily consulation	mer del	ots.			•	.
		_	•	•	n bankruptcy, uic	и уси ра	iy ariy oreallo	i a ioiai	or wood or more:		
		■ No. □ Yes	include pay	each creditor t	nestic support ob						t creditor. Do not include payments to a
	Credito	r's Name an	d Address	[Dates of paymer	nt	Total amo	unt paid	Amount you still owe	Was this	payment for
							P	uiu	Juli OWG		

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7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; relatives of any gen a control, or owner of 20% o	eral partners; partner or more of their voting	erships of which you g securities; and an	u are a general p y managing age	partner; corporations ent, including one for		
	■ No							
	☐ Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment		
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on ac	count of a deb	ot that benefited an		
	■ No							
	☐ Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include creditor			
Pai	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures	•					
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.							
	■ No □ Yes. Fill in the details.							
	Case title Case number	Nature of the case	Court or agency		Status of the	case		
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied?		
	No. Go to line 11.							
	Yes. Fill in the information below.							
	Creditor Name and Address	Describe the Property Explain what happened		Date		Value of the property		
	Maria 20 1 1 4 7 7 1 1 1							
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?							
	No No							
	Yes. Fill in the details.							
	Creditor Name and Address	Describe the action the	creditor took	Date a taken	action was	Amount		
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possess	ion of an assignee	of the benefi	t of creditors, a		
	■ No							
	☐ Yes							
Pai	rt 5: List Certain Gifts and Contributions							
13.	Within 2 years before you filed for bankrup ■ No	otcy, did you give any gift	s with a total value	of more than \$600) per person?			
	☐ Yes. Fill in the details for each gift.							
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	you gave fts	Value		
	Person to Whom You Gave the Gift and Address:							

Debtor 1

Paul J Salamone

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14.	Within 2 years before you filed for bankru ■ No Yes. Fill in the details for each gift or co		, , , , ,	ns with a tota	I value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or co Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	tal	Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankrup or gambling?	tcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of the	ft, fire, other disaster
	■ No					
	☐ Yes. Fill in the details.					
	how the loss occurred		be any insurance coverage for the lot the amount that insurance has paid. L		Date of your loss	Value of property lost
	i	nsuran	ce claims on line 33 of Schedule A/B:	Property.		
Par	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or pre- linclude any attorneys, bankruptcy petition pre-	reparin	g a bankruptcy petition?			erty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		Description and value of any property transferred		Date payment or transfer was made	Amount of payment
	David P. Lloyd, Ltd. 615B S. LaGrange Rd. La Grange, IL 60525 info@davidlloydlaw.com		Attorney Fees		\$1,500 Attorney's Fees, \$40 Credit Counseling, \$33 Credit Report; \$335 Filing Fee	\$1,908.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y	itors or	to make payments to your creditor		r transfer any prope	erty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid		Description and value of any prop	ortv	Data navment	Amount of
	Address		transferred	erty	Date payment or transfer was made	payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have already No Yes. Fill in the details.	busine made a	ess or financial affairs? s security (such as the granting of a se			
	Person Who Received Transfer		Description and value of	Describe	any property or	Date transfer was
	Address		property transferred		received or debts	made
	Person's relationship to you					

Debtor 1 Paul J Salamone

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Debtor 1 **Paul J Salamone** Case number (if known)

19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No		y property to a	self-settle	d trust or similar device	of which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer was made
Par	List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and St	orage Unit	s	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No	other financial accour	nts; certificates	of deposi		
	Yes. Fill in the details.					
		Last 4 digits of account number	Type of accordinstrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yearsh, or other valuables?	ar before you filed for	bankruptcy, ar	ny safe de _l	oosit box or other depos	sitory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1	year befor	e you filed for bankrupt	cy?
22.	□ No■ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?
	Kristin Salamone c/o Jim Podgorny 7000 W 127th St. Palos Heights, IL 60463	Kristin Salamon debtor's wife	ne:	Chevy T	rax	□ No ■ Yes
Par	19: Identify Property You Hold or Control fo	or Someone Else				
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ude any proper	ty you bor	rowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Par	110: Give Details About Environmental Infor	,				
For	the purpose of Part 10, the following definition	ns apply:				

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

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Debtor 1 Paul J Salamone Case number (if known)

hazardous material, pollutant, contaminant, or similar term.

Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of when t	hey occurred.					
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental								
	No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No							
	☐ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any enviro	onmental law? Include settlements	and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title	Court or agency	Nature of the case	Status of the				
	Case Number	Name Address (Number, Street, City,	tatare of the oase	case				
		State and ZIP Code)						
Par	t 11: Give Details About Your Business or Cor	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have any	of the following connections to an	y business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.							
	☐ Yes. Check all that apply above and fill in t	the details below for each business.						
	Business Name De	escribe the nature of the business	Employer Identification number	er				
	Address (Number, Street, City, State and ZIP Code)	ame of accountant or bookkeeper	Do not include Social Security	number or ITIN.				
	Dates business existed							
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.							
	■ No							
	Yes. Fill in the details below.							

Name

Date Issued

Address (Number, Street, City, State and ZIP Code) Case 19-12916 Doc 1 Filed 05/03/19 Entered 05/03/19 14:22:40 Desc Mair Document Page 43 of 56

Debtor 1 Case number (if known) Paul J Salamone Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Paul J Salamone Signature of Debtor 2 Paul J Salamone Signature of Debtor 1 Date May 3, 2019 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your	case:		1
Debtor 1	Paul J Salamone			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
			FRICT OF ILLINOIS	
United States Ba	nkruptcy Court for the:	NORTHERN DIST	RICT OF ILLINOIS	
Case number _				Chook if this is an
(ii kilowii)				☐ Check if this is an amended filing
				-
Official Fo	rm 100			
		(de la Filia a Hadaa Obaa	7
Statemer	it of intentio	n tor indiv	iduals Filing Under Chapt	er / 12/15
If you are an indi	vidual filing under cha	nter 7 vou must fill	out this form if	
	e claims secured by you	-	out and form in	
_	ed personal property a		ot expired.	
whiche	ver is earlier, unless th		you file your bankruptcy petition or by the date se time for cause. You must also send copies to t	
on the f	form			
	eople are filing together ad date the form.	r in a joint case, bo	th are equally responsible for supplying correct	information. Both debtors must
Be as complete a	and accurate as possib	le. If more space is	needed, attach a separate sheet to this form. Or	n the top of any additional pages,
write yo	our name and case nun	nber (if known).		
Part 1: List Yo	our Creditors Who Have	e Secured Claims		
1 For any credite	ore that you listed in Pa	art 1 of Schedule D	: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
information be	elow.		· ·	- ,
Identify the cre	editor and the property the	hat is collateral	What do you intend to do with the property the secures a debt?	at Did you claim the property as exempt on Schedule C?
Creditor's F	ith Third Bank		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	-
Description of	5330 Arbor Lane C	restwood, IL	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property	60418-1208 Cook	•	Retain the property and [explain]:	
securing debt:			Retain and pay	
Part 2: List Yo	our Unexpired Persona	I Proporty Lossos		
			in Schedule G: Executory Contracts and Unexpi	red Leases (Official Form 106G), fill
			expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p	
Tou may assume	an unexpireu persona	ii property lease ii t	ine trustee does not assume it. 11 0.5.6. § 505(p	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Describe your u	nexpired personal prop	perty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of lea	ased			
Property:				☐ Yes
Lessor's name:				□ No
Description of lea	ased			_
Property:				☐ Yes
Lessor's name:				□ No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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Del	otor 1	Paul J Salamone	Case number (if known)	
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		n of leased		
Pro	perty:			☐ Yes
Par	t 3:	Sign Below		
		alty of perjury, I declare that I have ind nat is subject to an unexpired lease.	cated my intention about any property of my estate that se	cures a debt and any personal
		•	v	
X		aul J Salamone J Salamone	XSignature of Debtor 2	
		ature of Debtor 1	Signature of Debtor 2	
	Date	May 3, 2019	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-12916 Doc 1 Filed 05/03/19 Entered 05/03/19 14:22:40 Desc Main Document Page 50 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	e Paul J Salamone		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMP	ENSATION OF ATTOR	RNEY FOR DE	EBTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,500.00
	Prior to the filing of this statement I have receive			1,500.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed con	mpensation with any other person to	unless they are members	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the			
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspects	s of the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and rer b. Preparation and filing of any petition, schedules, s c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] All services required by local Rule. 	tatement of affairs and plan which	may be required;	
6.	By agreement with the debtor(s), the above-disclosed Representation of the debtor(s) in any		service:	
		CERTIFICATION		
	I certify that the foregoing is a complete statement of bankruptcy proceeding.	any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
_ N	May 3, 2019	/s/ David P. Lloyd		
Ī	Date	David P. Lloyd		
		Signature of Attorney David P. Lloyd, Lt		
		615B S. LaGrange	e Rd.	
		La Grange, IL 605 708-937-1264 Fa: info@davidlloydla	x: 708-937-1265	

Name of law firm

David P. Lloyd

Attorney at Law
615B S. LaGrange Rd., LaGrange IL 60525
(708) 937-1264 • Fax: 708-937-1265
info@davidlloydlaw.com • www.davidlloydlaw.com

CHAPTER 7 ENGAGEMENT AGREEMENT

Т	The United States	Bankruptcy	Code require	s that we	give you a	written cor	ntract that ex	plains cle	early and
concosion	onely the common	wa will pro	vide to vou t	ha faaa an	d abarasa t	for our comi	oog and the	tomas of	aarimaant

OUR CLIENT(S): Paul J. Salamone

conspicuously the services we will provide to you, the fees and charges for our services, and the terms of payment. We agree that knowing in advance what we will do for you, what we ask that you do, and how we will handle our fees and costs is a good practice. We thank you again for selecting us to represent you.

We have agreed to represent you in filing a Chapter 7 bankruptcy case. We agree to perform legal services for you and charge you for such services based on the time necessary to complete the matters you have asked us to handle. Our legal fees are as follows: We will charge \$___1,500.00____ to handle your Chapter 7 case, including the services noted below. In addition, we will collect and pay, on your account, \$__335.00_ for the court filing fee, \$__33.00_ for a credit report, and \$__40.00_ to a credit counseling agency for their fee. For any other matters, we charge \$400/hour for the time we spend on your case. We may also charge you for expenses we incur in handling your case. Such charges may include the following: (1) court filing fees; (2) the actual cost of photocopies and/or postage for volume mailings; (3) the actual cost of overnight, messenger, or other delivery services; and (4) the actual cost of court reporters and transcripts. We do not charge for routine mailings or faxes.

The services we will provide include our initial interview; any additional meetings we need to have in order to get all the information we need to file your case; preparation of the petition, schedules and other required documents; ordering a credit report, valuations, or copies of documents if necessary; and any correspondence with creditors or others as needed to get the required information. After we file your case, there will be a number of other services we provide. These include corresponding with you about your case; answering your questions; corresponding with creditors as necessary; attending the meeting of creditors with you; corresponding with the Chapter 7 trustee as necessary; researching your financial situation; and advising you regarding any legal issues that arise in your Chapter 7 case.

The matters that occur in bankruptcy court that are NOT covered by the stated fee include adversary proceedings, which are separate law suits that are filed in conjunction with the bankruptcy case. An example would be if a trustee or creditor accused you of dishonesty or wrongdoing and tried to have the court deny you a discharge, or if a trustee filed suit against a third party to recover money. These are separate proceedings and we would need to discuss additional fees and come to a new fee agreement to represent you. Also, in some bankruptcy cases, a trustee, creditor, or government agency may seek additional information and documentation from you; they may also seek to take your deposition, which is an additional examination, in person and under oath. If a party files a motion to obtain a large volume of documents from you, or take your deposition, we would need to discuss additional fees and come to a new fee agreement to represent you.

This agreement does not include representation in courts other than the Bankruptcy Court, including any state court proceeding and the appeal of any matter. If other matters arise in your case that will require additional services, we will make every reasonable attempt to discuss them with you before we perform additional services

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that will involve additional fees or expenses. However, in emergency situations we may be forced to take additional actions to protect your rights without first conferring with you; in such a case we will notify you as soon as possible of the action we have taken and the charge, if any.

Note on coverage by attorneys not employed by our firm: Sometimes, due to scheduling conflicts, we will ask an attorney who is not affiliated with our firm to attend a meeting or a routine court hearing on your behalf. These attorneys are known as "coverage attorneys" and attend numerous meetings and hearings for law firms like ours. They are experienced bankruptcy lawyers. If we have a coverage attorney attend a meeting or hearing for you, we will make every effort to notify you, we'll nadvance, so that you are not taken by surprise. If you don't want a coverage attorney to attend a meeting with you, we'll do everything we can to get the meeting rescheduled so that one of our attorneys goes to the meeting. We generally pay a fee of \$50-\$100 for each appearance; this fee comes out of our pocket and does not change the fee that you pay for your case.

You understand that we will not be able to provide adequate legal representation if you fail to fully cooperate with us, fail to provide us with complete and accurate information, or fail to fulfill your obligations. You further understand that your failure to provide information, cooperate or fulfill your obligations may result in our having to terminate our relationship with you.

Either party may terminate this agreement with or without cause at any time upon giving written notice to the other party (although the Rules of Professional Conduct may limit my ability to discontinue representing you). The termination of this agreement will not affect your obligation to pay for the legal services we have rendered. We agree, in the event this agreement is terminated, to return to you all files in our possession provided you have paid all outstanding legal fees and expenses.

This agreement contains our full and complete understanding with respect to the subject matter hereof. This agreement supersedes all prior representations and understandings, whether written or oral. If you agree to all the above terms, please date and sign this Agreement in the space below and return a copy, with payment of the advance. Keep a copy of this agreement for your file.

Accepted and agreed this <u>21</u> day of _	February	, 2019:
Punt Solomore	_	
CLIENT		
Accepted and agreed this <u>27</u> day of	<u>February</u>	, 2019:
DIP W		
ATTORNEY 'V'		

United States Bankruptcy Court Northern District of Illinois

In re	Paul J Salamone		Case No.					
		Debtor(s)	Chapter 7					
	VERIFICATION OF CREDITOR MATRIX							
		Number of Creditors:						
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.							
Date:	May 3, 2019	/s/ Paul J Salamone Paul J Salamone Signature of Debtor						

Advocate Christ Medical Center PO Box 4256 Carol Stream, IL 60197-4256

Advocate Medical Group 29368 Network Place Chicago, IL 60673

Ally Financial Attn: Bankruptcy Dept. P.O. Box 380901 Bloomington, MN 55438

Best Buy/cbna

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One / Menard Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citibank/Shell Oil Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Clarity Clinic 2101 S Arlington Heights Rd., Suite Arlington Heights, IL 60005-4142

ComEd PO Box 6111 Carol Stream, IL 60197-6111

Cook County Treasurer PO Box 805436 Chicago, IL 60680-4116

Emergency Medical Assoc. of Palos c/o Merchants Credit Guide Co. 223 W. Jackson Blvd., #700 Chicago, IL 60606

ER Medical Associates of Palos LTD PO Box 5969 Carol Stream, IL 60197-5969

Fifth Third Bank Attn: Bankruptcy 35 Fountain Square Plaza Cincinnati, OH 45263

Fith Third Bank Bankruptcy Dept. Maildrop RSCB3E 1830 E. Paris Av. SE Grand Rapids, MI 49546

Gopal Madhav MD SC 3900 W 95th St., Ste. 6 Evergreen Park, IL 60805-1901

Kristin Salamone c/o Jim Podgorny 7000 W 127th St. Palos Heights, IL 60463

Mariner Finance Attn: Bankruptcy 7682 Belair Rd Baltimore, MD 21236

Palos Community Hospital c/o Harris & Harris 111 W. Jackson Blvd. Chicago, IL 60604-4135

Palos Hospital PO Box 83239 Chicago, IL 60691-0239

Personal Finance Company, LLC c/o Faiq Mihlar 111 East Main St. Decatur, IL 62523 Rogers & Hollands Attn: Bankruptcy Po Box 879 Matteson, IL 60443

Syncb/ccdstr Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Village of Chicago Ridge PO Box 1368 Elmhurst, IL 60126

Village of Crestwood PO Box 1053 Mokena, IL 60448

Wells Fargo Jewelry Advantage Attn: Bankruptcy Po Box 10438 Des Moines, IA 50306

Wow! Internet-Cable-Phone PO Box 4350 Carol Stream, IL 60197